

Request / Approval Bankcard Purchase Form

PURCHASE INFORMATION

Item(s) to be purchased: Description of Supplies or Services:	Quantity:	Price:	Total:
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ADDITIONAL INFORMATION RELATIVE TO THIS PURCHASE:

Total Cost:

FUNDING CLASSIFICATION

Organization Code:

Project/Task Number:

Object Class:

VENDOR INFORMATION

Expected Vendor Name:

Expected Vendor's Address:

Expected Vendor's Phone#:

APPROVALS

Requestor's Signature:	Date:
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Cardholder Signature:	Date:
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Approving Official Signature:	Date:
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Budget Officer Signature:	Date:
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HCO Signature (if applicable):	Date:
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